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TRADEMAR				Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)			Appli	cation Num	her	10/717,478			
FEE TRANSMITTAL				Date		November 21, 2003			
For FY 2005				Named Inv	entor	HIDEO NANATAKI ET AL.			
				iner Name		Sandra L. Brase			
Applicant claims small entity status. See 37 C.F.R. 1.27			Art U			2852			
TOTAL AMOUNT OF	PAYMENT (\$) 0.00		Attorr	ney Docket	No.	03500.017726			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto									
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FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity									
Application Type	Fee (\$) Fee	e (\$) Fee	(\$) <u>Fe</u>	e(\$)	Fee(\$) Fee(\$)	<u>Fee</u>	es Paid (\$)	
Utility		150 50 100 10		50 50	20 13				
Design Plant		100 10 100 30	-	_	16		_		
Reissue		150 50	0 25	50	60	0 300			
Each independent clai Multiple dependent clai Multiple dependent clai Total Claims 8 - 20 or H HP = highest number Indep. Claims 2 - 3 or H HP = highest number of the specification additional 50 sheet Total Sheets	for Reissues, em over 3 or, for ims Extra Claims P = 0 of total claims point independent of i	x 0 = paid for, if greater than 20	raid (\$) O Fee P O than 3 or, the apply(1)(1)(G) a additiona	eaid (\$) poplication signed 37 CFF	Multir	e original patent ple Dependent Cla ee(\$) F 0 due is \$250 (\$125).	Fee(\$) 50 200 360 ims ee Paid (\$) 0 5 for small 6		
SUBMITTED BY									
Signature				Registration No. (Attorney/Agent) 30,110			Telephone 202-530-1010		

Date: June 3, 2005

Lawrence A. Stahl

Name (Print/Type)